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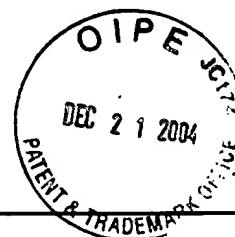
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in the following listed application(s) or patent(s):

Patent Number (if appropriate)	Application Number	Patent Date (if appropriate)	U.S. Filing Date
	09/675,252		September 29, 2000

Typed or Printed Name	Michael J. Shea	<p>(check one)</p> <p><input type="checkbox"/> Applicant or Patentee</p> <p><input type="checkbox"/> Assignee of record of the entire interest. Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96)</p> <p><input checked="" type="checkbox"/> Attorney or Agent of record</p> <p>34,725 (Reg. No.)</p>
Signature	<i>Michael J. Shea</i>	
Date	December 21, 2004	
Address of signer:	1100 North Glebe Road, 8 th Floor Arlington, VA 22202	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*

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